

Insurance and Real Estate Committee Public Hearing – March 13, 2014
Testimony in Support of
S.B. No. 394 (RAISED) AN ACT CONCERNING REQUIREMENTS FOR
INSURERS' USE OF STEP THERAPY

Senator Crisco, Representative Megna, Senator Hartley, Representative Wright, Senator Kelly, Representative Sampson and members of the Insurance and Real Estate Committee,

Thank you for the opportunity to submit written testimony. My name is Susan Raimondo and I am the Senior Director of Advocacy and Programs for the National Multiple Sclerosis Society, Connecticut Chapter.

We are asking that the Insurance and Real Estate Committee pass SB 394, An Act Concerning the Requirements for Insurers' Use of Step Therapy.

Our request is that the legislature pass legislation that will do two things:

1. limit the number of medications required to be tried to only one and the maximum amount of time needed to try a medication should be only 30 days.
2. establish a method for health care providers to exempt any patient from a step therapy requirement if:
 - The drug required by the insurance company has been ineffective previously
 - The drug is expected to be ineffective
 - The drug will or will likely cause adverse events or harm to the patient, or
 - It is in the best interest of the patient to be exempted

Over the past few years, health plans have increased efforts to control costs by instituting tactics including step therapy, increasing enrollee cost-sharing and creating specialty tiers. For those patients in health plans subject to these practices, the rising cost of MS disease modifying therapies and other medications can jeopardize access to treatments. We realize that steps must be taken to contain costs; however critical time can be lost when insurers require that an individual must fail on multiple medications.

Multiple sclerosis is an aggressive disease, it can progress rapidly. Disability can occur within a short amount of time. In the case of MS, it is not merely a period of trying medication to see if it works; there often is a "wash-

out” time that must happen before a new medication can be used. In addition, there may be the need to objectively measure the size and number of MS lesions in an individual’s brain, spinal cord and optic nerve to see if a medicine is working. The MRI can provide this measure; however getting insurance approval for an MRI can take valuable time, where disability may be increasing.

The Mandell Center for Multiple Sclerosis at Mount Sinai Rehabilitation Hospital has an example of how difficult it is to obtain needed medication. They are treating a 26 year old female who was diagnosed with MS in July 2013 after onset of ataxia, leg heaviness, and significant double vision. Her MRI showed involvement in the brain stem, hemisphere, and spinal cord. She was treated with two courses of steroids. Another MRI showed new lesions. She responded to the second course of steroids, and her neurologist recommended Tysabri to treat her aggressive MS. Tysabri is the only medication to show significant results for people with aggressive MS.

A request for Tysabri was made to her insurance, it was denied, appealed and the neurologist interviewed with the plan’s medical director to plead for a trial of Tysabri. The medication was still denied and the plan required step therapy. The company requires that the individual fail two injectable medications prior to Tysabri being approved. She took Copaxone and was unable to tolerate it. She has now initiated Rebif. Clinical concerns are that this individual will have ongoing aggressive MS. Unfortunately, as of late February 2014, this patient has not started Tysabri due to insurance steps. This could lead to increased levels of disability for a young member of

society. She had been out of work for several months as a result of her severe presentation of symptoms.

Individuals with MS and other chronic debilitating diseases do not have time to wait to determine if multiple medications will work. Physicians are the best determinants of clinical treatments and their recommendations must be promptly available to all patients.

Please pass SB 394, An Act Concerning the Requirements for Insurers' Use of Step Therapy.

Thank you.

For more information, contact the National MS Society, Connecticut Chapter at 860.913.2550 or email programs@ctfightsms.org.